

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 09/24/2010

Address: 1209 WEST 15TH

Case #: 25E-17209

MUNCIE, IN

County: DELAWARE

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel
☒ Outbuilding ☐ Open - No Structure
☐ Vehicle ☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): BASEMENT
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: BASEMENT
☒ Water Reactive Metal (Lithium): BASEMENT
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): BASEMENT
☒ Corrosive Acid: BASEMENT
☒ Corrosive Base: BASEMENT
☒ Other (item and location): AMMONIUM SULFATE, SILEX

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: SEARCH WARRANT

This report is to be faxed to the following agencies that serve the location:

Fire Department: MUNCIE FD

Fax: 765-747-4870

Health Department: DELAWARE COUNTY

Fax: 765-747-7747

Fax: 765-281-0455

Child Protection Service: DELAWARE
COUNTY

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: DOUG JACKSON Phone 765-369-2561

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.